



El Paso County  
Contracts and Procurement Division  
15 East Vermijo Avenue  
Colorado Springs, Colorado 80903  
REQUEST FOR PROPOSAL RFP #23-063  
Addendum #1 – May 19, 2023

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**THIS ADDENDUM SHALL BECOME A PART OF THE SOLICITATION  
AND MUST BE ACKNOWLEDGED**

**Request for Proposal 23-063- Sheriff's Office Fleet Services HVAC Upgrade - dated May 10, 2023**

**CLARIFICATIONS:**

El Paso County will only accept electronic bid proposals submitted through the Rocky Mountain E-Purchasing system. A Submittal Log will be posted after the County has had an opportunity to review and verify the submittals offered to the County.

The original Offer must be received before the due date and time through electronic package through the Rocky Mountain E-Purchasing system. The Vendor is responsible for ensuring their proposal is posted by the due date and time outlined in the solicitation document.

If the submittal arrives late, it will not be included in the electronic lockbox.

**ADMINISTRATION:**

- The question period has expired
- Responses should follow the Response Format on pages 21-22 and include all responses to all mandatory requirements.
- We will be verifying submittals include the following:
  - Submittal properly acknowledged (Cover Sheet)
  - Contractor Information Form
  - Proprietary/Confidential Statement
  - Sub-contractor list, if applicable
  - Addendum acknowledged
  - Required Documentation
  - Evaluation Criteria Documentation
  - Completed W9

If a submittal is missing any of the above-mentioned documentation the submittal may be returned to the vendor as non-responsive and be deemed ineligible to participate.

**RESPONSE TO QUESTIONS:**

No questions received.

Signature below indicates that applicant has read all the information provided above and agrees to comply in full. This addendum is considered as a section of the Request for Proposal and therefore, this signed document shall be considered and fully submitted with the original package.

PRINT OR TYPE YOUR INFORMATION

Company Name: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Authorized Representative's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_